

**Arkansas Board of Registration
For Professional Engineers & Land Surveyors**
PO Box 3750
Little Rock, AR 72203-3750
Telephone: 501-682-2824 Fax: 501-682-2827
www.arkansas.gov/pels

2005 Renewal Application for Engineer Intern

Board Use Only

Date Rec'd: _____

CA/MO/CC/TC/CS CK/PC # _____

\$5.00

\$7.50

\$10.00

YOUR LICENSE EXPIRES ON DECEMBER 31, 2004

Engineer Intern Renewal Fee:

\$5.00 – if postmarked prior to Dec. 31, 2004

Engineer Intern REINSTATEMENT Fees:

\$7.50 – January 1, 2005 to February 28, 2005

\$10.00 – March 1, 2005 to June 30, 2005

You must complete this form, sign, date and return with payment postmarked no later than December 31, 2004. Make personal, business, cashier's check or money order payable to PE & PLS Fund (cash or credit cards not accepted). Please write your license number on your check or money order. One check with multiple registrants expedites processing time.

Please visit the online roster on our website to review the status of your renewal. As renewals are processed the renewal years will change to "2005". You may also verify your company information and mailing address.

Current Firm: _____
If your Firm, or the Firm you work for, offers engineering services in Arkansas, the Firm must have a Certificate of Authorization on file (call our office for further information).

Change of Preferred Mailing Address
(Only if a change is desired)

Daytime phone: _____ Fax: _____

Email: _____

Zip+4 extension if not shown or different from above _____

Part I You must complete this part of the form.

Part 1 – Certification/Affirmation of Eligibility for Licensure Renewal – I hereby enclose my payment for the renewal fee and certify that: The information contained herein is true and correct. I have met all the requirements for licensure renewal set forth by the State of Arkansas A.C.A. 17-30-101 et seq. and Rules of the Board and I agree to abide by the Rules of Professional Conduct. I further understand that failure to comply with such requirements, or any false statements made on this document, is a violation of the State of Arkansas and the Board's Rules and could be cause for disciplinary action.

☐ I am now licensed as Professional Engineer # _____ in the State of _____.

☐ I do not wish to renew my Arkansas License. I am returning this form without renewal fee and request removal of my name from your active files.

Printed Name _____

*SSN# _____ -- _____ -- _____

Signature _____ EI # _____

Date _____

*According to Arkansas Law, and for the purpose of administering the State Child Support Program, you must provide your current social security number (NO EXCEPTIONS).